

# APPENDIX 1

BIRMINGHAM CITY COUNCIL

DRAFT COMMISSIONING STRATEGY

HOME SUPPORT, SUPPORTING LIVING  
AND RESIDENTIAL CARE (WITH AND  
WITHOUT NURSING)

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## 1. INTRODUCTION

**“BIRMINGHAM - A CITY OF GROWTH WHERE EVERY CHILD, CITIZEN AND PLACE MATTERS.”**

Birmingham City Council has set out its vision for 2017+ which will see us working with partners to create a great city to grow old in and to help people become healthier. It has set out a challenging agenda to reduce health inequalities; lead a real change in the mental wellbeing of all people in Birmingham; promote independence of all our citizens; and join up health and social care services so that citizens have the best possible experience of care, tailored to their needs.

The aim of adult social care is to protect and empower the most vulnerable citizens. This means supporting vulnerable people to maximise their independence, health and wellbeing, whilst ensuring that publically funded care and support provides value for money for Birmingham residents and is provided only when it is really needed.

The Council’s vision therefore needs to translate into actions that will support people to continue to live independently and in their own home for as long as possible, to help all residents to access high quality and affordable social care, and to ensure that service users have choice and control over their own lives. However, there will always be some citizens who will need residential or nursing care or ask for the Council’s support in planning and arranging their care. In recognition of this, the following commissioned services are included within this strategy (collectively described as “adult social care” hereafter):

- Home support – for children and young people with a disability and adults of all ages
- Residential care – for adults of all ages
- Nursing care – for adults of all ages
- Supported Living (as defined by the Care Quality Commission) – for adults of all ages

This commissioning strategy recognises that relationships between health, social care and wider community services are integral to the health and well-being of local communities. Birmingham City Council is mindful of its role as a significant commissioner of these services and also the underlying price pressures in the social care sector - along with rising demand for services which it must provide for through its social care budget. A key requirement in meeting these financial challenges is to work more collaboratively with our partners and increase joint commissioning across health, social care, and housing with support.

This strategy outlines our approach to the commissioning of adult social care and provides a framework for the future commissioning of services that will support us to achieve our key aims to: improve outcomes; improve quality; and improve resilience and sustainability of the wider health and social care system.

## 2. OUR VISION AND STRATEGIC AIMS

The vision for adult social care in Birmingham recognises the role the Council can play across the health and social care system in the context of both the Care Act 2014 and also the NHS Five Year Forward View, in ensuring we make fundamental changes to promote well-being, independence and within limited resources and to help people to achieve the outcomes that matter to them in their life.

**OUR VISION FOR BIRMINGHAM IS TO HAVE A VIBRANT, DIVERSE AND SUSTAINABLE LOCAL HEALTH AND SOCIAL CARE MARKET, WHICH SUPPORTS THE ACHIEVEMENT OF BETTER OUTCOMES, INCREASED INDEPENDENCE AND CHOICE AND CONTROL FOR ADULTS.**

This vision is underpinned by three clear aims to:

1. Improve outcomes for those with health, care and support needs
2. Improve the quality of commissioned health and care services
3. Improve the resilience and sustainability of our health and social care system

This recognises that if people are to live better lives and achieve better outcomes then we need to help people, their families and the community to have greater choice and control about the care that they receive, to promote independence and to ensure that all adults have access to the support that they require to live safely and independently.

To deliver this vision a whole systems approach is required which recognises that much of the need for care and support is met by people's own efforts including their families, friends or other carers, and by community networks. Services commissioned by the Council and NHS need to support and complement these individual and personal care and support resources.

This vision will be delivered in two phases which are described in more detail in the 'Commissioning Intentions' section below:

- The Reshaping Phase 2018 – 2021
- The Self-Regulation Phase 2021+

### 3. DRIVERS FOR CHANGE

#### CURRENT CHALLENGES AND POSITION

Since Summer 2016, the Council has been reviewing current commissioning practice in relation to the services described in section 1. This has included early engagement with the independent provider market, as well as a range of internal and external stakeholders, to review both the original business case for the introduction of a framework approach and also best practice in the field of commissioning social care.

The review identified the following intended benefits from the original business case for the Framework Agreement for adult social care and the associated impact of the current contracts and systems. The following table and analysis compares the current position, with that a year prior to introduction of a framework approach and the associated IT systems:

Indicator	Home Support	Residential (with and without nursing)
Market growth since 2012	109%	-7.7%
Change in client base since 2012	+21.6%	-9.4%
No. of new providers/month since 2012	3	7
Current no. of providers with an active CQC registration	125	232
Current % clients placed with 'good' rated provider	72%	50%
% of providers with a 'good' quality rating in 2013/14	52%	31%
% of providers with a 'good' quality rating in 2016/17	72%	56%
Current % requirements fully tendered to the whole market	85%	16%
Current % winning offers from 'good' rated providers	78%	38%
Current % requirements cancelled due to lack of offers	8%	33%

**Table 1: Analysis of key performance measures since introduction of the framework**

## **Ensure an open and transparent supply chain so that businesses can grow and new ones can start up locally**

Whilst the market has grown for home support providers, there has been a reduction in residential (with and without nursing) providers, which broadly reflects changes in demand for services. Using a framework approach has allowed these changes in demand to be managed and has allowed new providers to enter the market.

However, Birmingham City Council has almost 1,000 registered providers on the Framework Agreement for Adult Social Care, albeit only 357 have an active CQC registration and are based within the Birmingham boundary. Given the overall quality of care provision, this volume of providers is challenging for the Council to robustly and consistently manage with a reduced workforce.

## **Assure quality through the 'quality rating' process used to shortlist providers and the contract management process**

The quality rating system – including the publication of quality ratings - introduced as part of the framework, has resulted in an increase in the overall quality of provision in both sectors of the adult social care market.

Overall quality standards are lower in residential (with and without nursing) services and this is reflected in the proportion of packages where the winning offer was from 'good' rated providers. However, the system does allow citizens and other stakeholders to gain a clear picture of the quality of services to support citizen choice.

## **Achievement of cashable savings**

The Framework Agreement for Adult Social Care and associated micro procurement IT system implementation has delivered net savings to the Council of £6.631m over the last four years. However, whilst the use of dynamic pricing has reduced the cost of home support services, comparator data with 15 other cities across the UK, shows the Council currently pays the highest price on average for nursing care, and third highest for residential care. Furthermore, the lack of engagement with the framework approach and associated IT systems by the residential (with and without nursing) market, has resulted in a loss of potential savings of approximately £1.9m over the last four years.

Whilst overall savings have been achieved, since 1 April 2016, there has been a 10% increase in the hourly rate the Council pays for home support and an 8% increase in the average weekly fees paid for residential (with and without nursing) rates. This is despite the Council having uplifted fees for the majority of older adult's providers to enable them to pay the Birmingham Care Wage. Therefore, there are clearly other price pressures in the market that the Council currently has limited influence over.

### **Making back office savings and process efficiencies**

The implementation of the framework and associated micro procurement IT system (Sproc.net) has not delivered the anticipated efficiencies in back office systems. Back office savings were predicated on a much greater range of service categories being added to the framework. Unfortunately due to a number of factors, it has not been possible to implement further categories and modules into Sproc.net and the capability of the system and associated savings have not been fully realised.

The lack of engagement from the residential (with and without nursing) market has resulted in a reduction in the proportion of requirements fully tendered and an increase in the proportion of requirements that have been cancelled due to a lack of offers. This has driven an increased reliance on making placements outside of the agreed framework and IT system, therefore increasing back office processing.

The implementation of Sproc.net was not far-reaching enough and a number of processes that could have been automated and/or streamlined, remain as predominantly manual processes, therefore reducing efficiency of the commissioning systems and processes.

### **Reduce the Council's exposure to risk**

Whilst the framework and associated IT systems have the functionality to reduce risk, the full potential of credit alerts for providers, and the lack of automation and interfacing of IT systems, means that these benefits have not been realised. However, the increase in the number of providers has reduced the Council's previous reliance on a very small number of providers, particularly in the home support market.

### **Commission by outcomes and support the personalisation agenda**

A key element of the process for assessing offers from providers for individual packages of care was to manually score against a set of outcomes. These outcomes will have been developed in dialogue between the social worker and the citizen. Whilst this does have the potential to ensure personalised services are commissioned, the subjective nature of the scoring process, the manual intensity of the scoring process, and the lack of high quality responses from the market, have made it difficult to demonstrate the added value of the outcomes focussed stage in the current procurement process.

### **Assist commissioners to meet duties under the Care Act 2014**

The use of the Framework Agreement for Adult Social Care and associated IT systems has ensured a diverse local care market and provided a mechanism to deliver choice for citizens, as required by the Care Act 2014.

These findings, along with the national drivers for change detailed below have driven the need for the Council to redesign the future approach to commissioning of adult social care services, to ensure they remain fit for purpose.

## NATIONAL DRIVERS FOR CHANGE

Adult social care operates within a complex statutory framework. The legislative and regulatory requirements underpin the approach to commissioning as well as the way in which these vital services are delivered. It is important that both commissioners and providers work together to develop and deliver a range of services that meet citizens' needs, provide choice and are of good quality.

The statutory driver for the work of adult social care is currently the Care Act 2014. The Care Act places clear duties on providing care and support to meet the assessed eligible needs of individuals and ensuring that wellbeing is promoted when carrying out any of the Council's care and support functions.

It is therefore critical that both the Council and providers reshape the services that are delivered to citizens. This commissioning strategy sets out a number of ways in which this agenda will be further embedded across services in Birmingham.

The NHS Shared Planning Guidance 16/17 – 20/21 was published in December 2015. This outlined a new approach to help ensure that health and social care services are more integrated. Every health and social care system in England has been asked to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years.

To deliver a plan that is based on the needs of local populations in Birmingham and Solihull, local health and social care partners have come together to develop an STP which will help drive transformation in service user experience and improved outcomes as follows:

- lead fulfilling, healthy, independent lives
- receive consistently high quality health and care services
- have early access to extra help when they need it
- have easy access to support when they can no longer live independently

This commissioning strategy integrates the principles of the STP and provides real opportunities for the joint commissioning and ultimately integrated service delivery to the citizens of Birmingham. Clinical Commissioning Groups across Birmingham are already committed to improving the quality of services and working collaboratively with the Council to take a more joined up approach to managing the market.



## LOCAL DRIVERS

In 2012 the Council moved away from traditional block contracting, spot purchasing and large-scale internal provision of some adult social care services, to an open market approach with dynamic pricing. This approach has delivered a number of benefits for the City Council and for citizens including; commissioning a more diverse range of providers catering for the demography of Birmingham and focussed on delivering individual outcomes; ensuring an open and transparent supply chain that allows businesses to grow; adoption of market driven pricing that provides best value for the Council and the wider public; and reducing the Council's reliance on a small number of large providers. However the commissioning of services for citizens under 65 years old remains on a spot purchase basis.

Whilst this approach has allowed the Council to move away from more traditional delivery approaches and provide some structure to the market to allow it to develop, it has not addressed all of the Council's drivers for change and the needs of the market.

Further development is therefore required to ensure the commissioning of adult social care services remains fit for purpose as part of the wider health and social care system.

## LOCAL NEEDS

The Council has published a number of Market Position Statements which identify current capacity and predicted demand and will be updated during 2017/2018. These are available on the Council's website by following the link below:

[https://www.birmingham.gov.uk/info/20066/for\\_care\\_professionals/131/birminghams\\_market\\_position\\_statements](https://www.birmingham.gov.uk/info/20066/for_care_professionals/131/birminghams_market_position_statements)

The proposals contained within this strategy and the detailed documents that will result from this, have all been designed to ensure that individual assessed eligible care and support needs can be met and that citizens are given choice and control over their care.

## 4. COMMISSIONING INTENTIONS

We need to transform the sector but are under no illusions about the scale of change this will involve and the need to take citizens, providers and professionals on that journey with us. We will continue to support the local economy and the care sector and have set out below a phased approach to this that we believe will deliver our vision.

### THE RESHAPING PHASE 2018 – 2021

Whilst the commissioning approach adopted in 2012 has created many positive changes, there is still a great deal of work to do to reshape services to meet current and future demands and to address national and local policy drivers.

The 'reshaping' phase of this strategy from 1 April 2018 to 31 March 2021 has been designed to take that first step on the transformation journey and will be focussed on:

- **Investment and stability** – investing existing resources into the care sector in a more structured way to provide stability and allow all parties to plan their businesses, including proposals to move to a **fixed fee** approach.
- **Commissioner-led support** – a package of support from commissioners across the system that promotes quality improvement. Including ways in which social value will be delivered by the care sector and other partners.
- **Incentivising quality** – developing a quality rating system that rewards the best care provision and informs choice.
- **Market shaping** – developing mechanisms and specifications that support reduced reliance on the Council.
- **Efficiency and modernisation** – developing integrated systems and processes that are efficient and fit for the future.
- **Robust contract management** – clear specifications focussed on enablement and that make clear the requirements, with robust and consistent management against these.

This will mean that by 2021 in Birmingham we will have a health and social care system where there is;

- an increase in care and support being focused on improving outcomes and increasing independence.
- independent providers incentivise to work within their local communities to promote health and wellbeing and reduce the need for commissioned services.
- a systematic approach to promoting what choices are available to people locally, the quality of the service they choose and that it is value for money.
- quality processes and procedures that promote active involvement of service users.
- a systematic, transparent and proportionate approach to assessing and managing quality across the health and social care system.

- an increase in the number of independent providers that achieve the highest standards of care.
- market intelligence that is shared regionally and nationally with Core Cities to raise quality standards.
- a balanced budget amongst partners within the health and social care system.
- a sustainable price for care based on quality of services.
- open, respectful and honest relationships with providers and proactive provider engagement.
- development of systems, processes and relationships that integrate with our health partners, those within the wider STP footprint and other commissioners within the region.

A performance framework will be developed to regularly assess the effectiveness of this strategy and to ensure changes are made where necessary.

#### THE SELF-REGULATION AND INTEGRATION PHASE 2021+

The 'self-regulation' phase of this strategy from 1 April 2021 onwards is designed to further transform the care market across Birmingham and to play a pivotal leadership role across the health and social care system regionally. This will take account of relevant requirements and needs at the time, but is likely to be focussed on:

- **Only doing business with the best** – having transformed and incentivised improvements in quality of service, the Council's aim will be to only do business with Gold and Silver providers.
- **Reduced reliance on commissioned services** – the Council will do further work to; develop alternatives to more traditional models of care commissioning and delivery which will incentivise providers to enhance the independence of citizens; and support the development and understanding of community-based services.
- **Partnership with providers** – having transformed the Council's relationship with the market by being open and transparent, the Council will have a range of high quality providers who want to work with the Council to deliver services in the future, are clear about what is required and are able to work with the Council/NHS to influence the future direction.
- **Integration with health** – the Council will continue to maximise all opportunities to integrate services and transform the market to enable services to be jointly commissioned or to no longer rely solely on Council/NHS input.
- **Self-regulation** – the Council will have worked closely with the market to reshape services and develop models for self-regulation and reduced reliance on the Council's resources to directly manage quality. The Council will then have a more strategic relationship with key providers and their representatives in the City, to deliver innovation and to allow them to regulate themselves.

## THE ROLE OF OTHER PARTNERS

The Council is clear that it plays a significant role in the commissioning of services that make up the health and social care system across Birmingham and beyond. However, we also recognise the crucial role of families, carers, communities and third sector organisations. Together, they provide advice, guidance, support and care to a whole range of citizens that the Council may not have visibility of. It is therefore crucial that the Council works with these partners to improve the quality of commissioned services.

## CURRENT RESOURCES

Based on current spend and demand profiling it is estimated that £338m will be spent on adult social care by Birmingham City Council in 2017/18, which comprises 41% of the Council's overall net budget. However, this is in the context of the Council having reduced its adult social care net spending by over 15% since 2011.

A further £15.2m of savings are required in 2017/18, rising to £17.4m in 2020/21. Many of these savings plans are very challenging and there are very limited opportunities for alternative plans, however the Council continues to monitor and manage spend rigorously and identify further contingency plans.

## 5. HOW THE STRATEGY WILL BE IMPLEMENTED

The following section describes how the commissioning strategy will be implemented to support delivery of high quality services, the achievement of better outcomes, increased independence and choice and a more resilient and sustainable health and social care system.

### ENTRY CRITERIA INTO THE COUNCIL'S FRAMEWORK 2018 - 2021

The Council will operate a framework contract for all market sectors, however these arrangements will be adapted to reflect current supply and demand. This will mean the following:

- **Home support** – this will be operated as a closed framework, whereby the Council will contract with a fixed group of providers, the detail of which is set out in Section 5.
- **Supported living** (personal care elements only) – this will be operated as an open framework, whereby the Council will allow new providers on to the framework, subject to the relevant entry criteria being met.
- **Residential homes and Nursing homes** – this will be operated as an open framework, whereby the Council will allow new providers to join the contract at any time, subject to the relevant entry criteria being met.

To drive up quality, the Council will not allow a provider who is currently rated by the Care Quality Commission (CQC) as Inadequate to enter the Framework. Where a provider has not received a CQC rating under the new ratings system, the Council will work with the CQC, to seek support with prioritising CQC inspections. Where this is not possible within the time available, the Council or NHS will conduct an inspection prior to contract award, under the Quality Rating System detailed below. Should this identify the provider as Inadequate under the Council's proposed rating system, this provider will not be allowed to enter the Framework.

All providers seeking to join the framework will therefore have to have at least one of the following, the most recent of which will be considered for entry onto the framework:

- a CQC rating of Requires Improvement, Good or Outstanding;
- a Birmingham City Council quality rating of Gold, Silver or Bronze (as detailed in the Quality Framework below); or
- a NHS Joint Quality Assessment Framework (JQAF) score of Amber, Green or Bright Green.

Beyond this, a more detailed set of entry criteria will maximise the quality of providers that can enter the framework and to reduce potential risks to all parties, this will include (but not be limited to) provision of the following:

- CQC registration certificate
- Bank account details and copies of financial accounts
- Employers Liability and Public Liability insurance certificates
- Company registration details

- Details of any bankruptcy or convictions of owners/responsible persons
- Copies of a range of policies e.g. Safeguarding Policy, Health and Safety Policy, Recruitment and Selection Policy

A combination of these results will form the basis of the criteria which determines providers who are eligible to join the framework. The same requirements must be met by both Residential Homes and Nursing Homes should they wish to join the framework at a later date. The only exception being those placements that are outside of the Birmingham City Council boundary, which will be the subject of the arrangements set out below.

## TRANSITION ARRANGEMENTS

The Council is keen to stabilise the care being received by our citizens and we believe this is a collective responsibility which we should all take, whilst we are working to transform the market and quality of services across Birmingham in a more structured way. We are keen to work with providers who share this ethos and are comfortable to work with us through this transition period constructively. However, we must also make changes and start to tackle a number of historic issues within the sector and ensure it remains sustainable.

Therefore the terms of the new framework will apply to new packages of care commissioned after 1 April 2018 only, including the proposed relevant fixed fee. All existing placements will remain under the current contractual arrangements as provided for in the necessary contract documents. However to maintain continuity and provide a clear picture of quality for citizens and professionals alike, all providers that are successful in joining the new framework, will receive a quality rating under the new quality rating system.

Should a provider choose to terminate an existing package of care, they will not be eligible to make a further offer to deliver this citizens care. The termination terms will be clearly defined in the contract.

In cases where a provider is unsuccessful in joining the framework but has existing packages of care which are being delivered, the following will apply:

- **Home support** – any citizens currently supported will be contacted by the Council and advised of the outcome of the procurement exercise, alongside the quality rating. They will be offered a choice to either remain with the existing provider by taking up a Direct Payment, or choose for the Council to find them a new provider.
- **Supported Living** – as these citizens will have an independent tenancy and the Council is only commissioning the care element, the same rules will apply as for home support above.
- **Residential and Nursing care** – the provider will no longer receive any new placements from the Council and will be given 6 months to make the necessary quality improvements. Should the provider make the necessary improvements and are then able to meet the entry criteria, they will be allowed to join the new framework. For those providers that are unable to make the necessary improvements after six months, the Council will commence dialogue with citizens and their families around moving to a new home.

## CORE STANDARDS

The Council not only has a statutory duty to meet assessed eligible care and support needs but a moral responsibility to the people of Birmingham to ensure the care sector is fit for purpose and supports the wider health and social care system.

To ensure citizens and their families are clear about the standards they can expect from their provider and that providers are clear about what is required, the Council will set out a series of service specifications and core standards. These will be used as the foundation for all quality monitoring assessments undertaken either by the Council, NHS or by the Independent Quality Assessor.

In addition to meeting all regulatory and contractual requirements, each provider must meet the specific core standards which will deliver the following outcomes in the following five domains:

### **1. Involvement and information**

- a. Service Users understand the care and support choices available to them. They are encouraged to express their views and are always involved in making decisions about the way their care and support is delivered. Their privacy, dignity and independence are respected and their (or their carer's) views and experience are taken into account in the way in which the Services are provided.
- b. Where they are able, Service Users give valid consent to the care and support they receive. They understand and know they can change any decision that has been previously agreed about their care and support. Their human rights continue to be respected and are taken into account.

### **2. Personalised care and support**

- a. Service Users experience appropriate, effective, care and support in an enabling way that safely meets their needs, protects their rights and maximises their independence, health and wellbeing.
- b. Service Users are enabled and supported to have a choice of nutritional and balanced food and drink to meet their diverse needs.
- c. Service Users receive safe, coordinated care and support where more than one Service Provider is involved, or where they are moved to another Service Provider.

### **3. Safeguarding and safety**

- a. Service Users are protected from abuse or the risk of abuse and their human rights are respected and upheld.
- b. Service Users experience care and support in a clean environment that protects them from, and reduces the risk of, infection.
- c. Service Users will have the medicines they are prescribed, at the times they need them, and in a safe way.
- d. Service Users, together with those who work in or visit the premises, are in safe and accessible surroundings that promotes and protect their wellbeing.
- e. Service Users, together with those who work in or visit the premises, are not at risk of harm from unsafe or unsuitable equipment (including furnishings or fittings). Service Users benefit from equipment that is comfortable and meets their needs.



#### **4. Suitability of staffing**

- a. Service Users are safe and their health and welfare needs are met by staff who have been appropriately recruited and who have the right qualifications, skills and experience.
- b. Service Users and their health and welfare needs are met by sufficient numbers of appropriate staff with the right qualifications, knowledge, skills, approach and experience.
- c. Service Users are safe and their health and welfare needs are met by staff who are appropriately trained, well supervised, and receive the development opportunities they need to carry out their role effectively whilst keeping their skills and training up to date.

#### **5. Quality of management**

- a. Service Users benefit from safe, quality care due to effective decision making and management of risks to their health, welfare and safety because lessons are learned and the quality of Services is effectively monitored.
- b. Service Users and / or their nominated representative can be sure that the Service Provider listens to and acts on their complaints and comments. They know that they will not be discriminated against for making a complaint or raising an issue.
- c. Service Users are confident that the records kept by the Service Provider about their care and support (including those that are required to protect their safety and wellbeing) are accurate, fit for purpose, held securely and remain confidential.

### **THE QUALITY RATING SYSTEM**

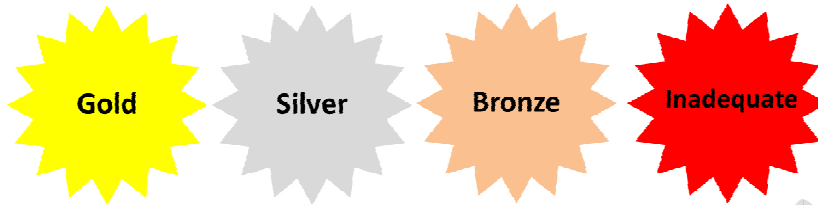
The quality rating system is based on the following overarching principles:

- The delivery of outcomes for service users and citizens are at the forefront of care delivery.
- Care providers are responsible for ensuring they deliver good quality care.
- The Council has a duty to provide assurance of and to drive up the overall quality of care in the city.
- The Council aspires only to do business with good quality providers. In the future it does not intend to contract with those providers that are unable to sustain consistently good quality services.
- The Council will provide a range of support to providers to improve services but not indefinitely.
- The Council will incentivise high quality provision.
- The Council will measure the overall quality of provision by taking into account a range of opinions to provide a balanced view.
- Quality will be measured against contractual terms and conditions, core standards and the delivery of outcomes.



- The quality assurance framework mechanism and how it operates is transparent and clear.

Quality of provision will be measured and each service given an overall quality rating of either 'Gold', 'Silver', 'Bronze' or 'Inadequate'. The statements below reflect what services in the different bands will look like.



### WHAT DO THESE SERVICES LOOK LIKE?

#### **'Gold'**

- People describe the service as exceptional and distinctive, with staff going out of their way to meet personal preferences and individual outcomes.
- The provider is striving to be a leader in their field.
- The provider exceeds the standards set down by CQC, and contractual terms and core standards.
- The exceptional level of service is delivered consistently over time.

#### **'Silver'**

- People describe the service as good and that it meets their needs and delivers good outcomes.
- The provider meets the standards set down by CQC, and contractual terms and core standards.
- The good level of service is delivered consistently over time.

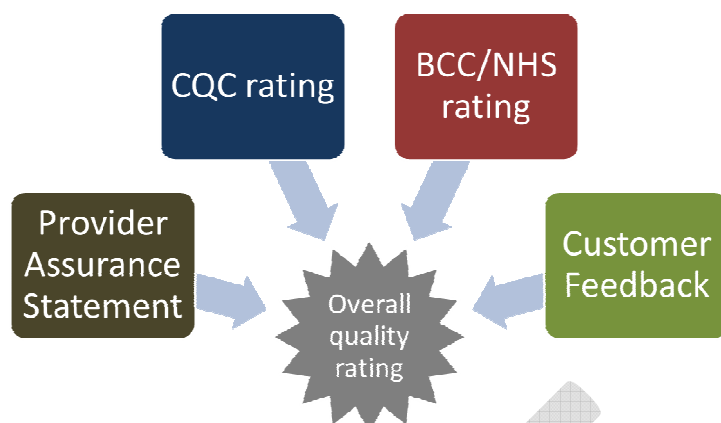
#### **'Bronze'**

- People describe the service as not always good and that it does not always meet their needs or deliver good outcomes.
- The provider is working towards meeting all of the standards set down by CQC and contractual terms and core standards, but improvement is still required.
- A good level of service is not consistent over time.

#### **'Inadequate'**

- The provider does not meet key standards set by CQC and contractual terms and core standards.
- People using the service are not safe and they are at risk of harm.
- Significant improvement is required, the service will be at risk of losing its registration.

## WHAT INFORMATION WILL DRIVE THE RATING?



The Quality Framework aims to capture a range of views of the quality of services and use them to produce a single quality rating that can be used to inform care commissioning processes and facilitate citizens to make informed choices. The rating system will therefore draw upon a balanced range of data sources:

- The view of the regulator: The Care Quality Commission (CQC) inspection rating
- The view of the Commissioner: Birmingham City Council or NHS inspection rating
- The view of the citizen or service user: Customer feedback and social worker feedback
- The view of the provider: Assurance Statement

## ANNUAL INSPECTION

Services will receive a minimum annual inspection from the CQC or the Council or the NHS. The most recent full inspection outcome will be used to determine the provider's overall quality rating. Table 2 below describes how the outcomes of these inspections translate into the Council's overall quality rating.

Overall Quality rating	CQC inspection outcome	Council inspection outcome	NHS inspection outcome
Gold	Outstanding	Gold	Bright Green (best achievement)
Silver	Good	Silver	Green (compliance)
Bronze	Requires Improvement	Bronze	Amber (partial compliance)
Inadequate	Inadequate	Inadequate	Red (minimal compliance)

**Table 2 Ratings that will be used to determine a providers overall quality rating by Birmingham City Council**

The Council will publish the toolkits and questions that will be used to monitor performance against each of these standards and the provider will receive advance notification of their annual inspection. More reactive, focussed inspections may be required as described below, which may remain unannounced; however the Council will endeavour to notify providers where appropriate to do so.

The provider will receive a copy of the inspection findings immediately following the inspection to allow improvement planning to commence without delay should this be required.

## **CUSTOMER FEEDBACK**

Customer feedback will be used to evaluate what customers think about the service, how it involves and consults with citizens and how responsive the service is. Customer feedback will be rated through the Council's inspection of the delivery of the 'Involvement and information' domain core standards.

As a minimum, providers will be required to ask citizens and service users a small number of set questions about the quality of their service and report their results regularly.

The Council will gather data through the social work assessment and review process, about how well the provider delivers outcomes for individuals and whether the citizen feels their needs are being met.

## **PROVIDER ASSURANCE STATEMENT**

Providers will submit an assurance statement every 6 months (annually in the case of 'Gold' standard providers) which will provide a declaration to Commissioners that contractual terms, conditions and core standards are being met and identify openly and transparently those areas of the service where providers are unable to meet the standards and what action is being taken to address this.

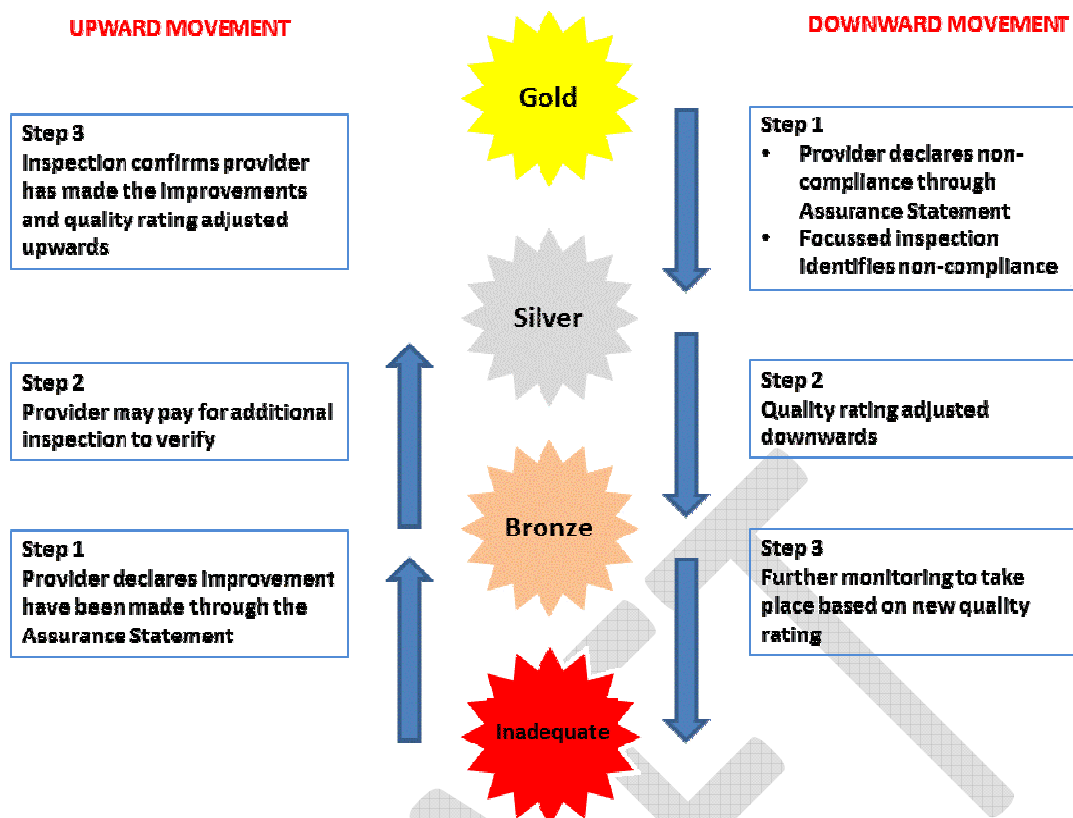
The assurance statement is an opportunity to declare elements of the service that require improvement; or elements of the service that have sufficiently improved. In cases where the provider declares that improvement has been made they can request and pay for an inspection to validate this. If the improvement is validated the provider's overall rating will be adjusted upwards accordingly (with the exception of 'Gold' standard providers). No validation is required in cases where providers self-identify elements that require improvement and the overall rating will be automatically adjusted downwards.

## **ADJUSTING THE QUALITY RATING**

The quality rating will be adjusted between annual inspections under the following circumstances and in line with the diagram below:

1. The provider's Assurance Statement identifies elements of the service that have fallen below the standard identified at the last full inspection. In this case the providers rating will be adjusted downwards in year.
2. Negative intelligence gained about the service may trigger a focussed inspection. Where this inspection identifies elements of the service that have fallen below the level identified at the last full inspection, the provider's rating will be adjusted downwards.

3. The provider's Assurance statement identifies that required improvements identified at the last full inspection have been implemented. If the provider chooses to pay for a further inspection that verifies the evidence submitted, then the providers overall rating is adjusted upwards.
4. One of the conditions of a Gold standard rating is delivery against that standard over a consistent time period. Accordingly, there will be no opportunity to move from the Silver band to the Gold band between full annual inspections.
5. In the case of providers rated Inadequate by the CQC, the provider will remain rated overall Inadequate until the CQC has re-inspected and removed its Inadequate rating. Providers who are rated Inadequate will be suspended from bidding for new packages and if significant improvement is not made within the required time, the Council will consider supporting people to move to a different provider.
6. Failure to submit the Assurance Statement will be treated as a contract breach and an automatic rating of Inadequate will be applied. Should this subsequently be received by the Council, the Inadequate rating will be removed and the usual process for assessing the Assurance Statement (as described above) will continue.
7. Falsification of the Assurance Statement will be treated a contract breach and an automatic rating of Inadequate will be applied.
8. A focussed inspection may result in identification that the provider is no longer meeting the standard to warrant the overall rating achieved at the last full inspection. The overall rating will be adjusted down to the appropriate rating band.
9. A focussed inspection may be triggered by:
  - An unusually high number of concerns or deficiencies which is deemed to present a clear, significant or immediate risk to service users such as quality or safeguarding alerts / issues;
  - A series of concerns or deficiencies which individually may not present a clear, significant or immediate risk but present a pattern which indicates an increasing likelihood of clear, significant or immediate risk to service users;
  - Evidence of a breach of contract;
  - An accumulation of concerns or deficiencies in a rolling three month period that triggers non-compliance;
  - CQC serving an improvement or enforcement notice;
  - High volumes of complaints or concerns received;
  - Feedback from service user and relative meetings and/or questionnaires that is deemed to present a clear, significant or immediate risk to service users;
  - Evidence of financial instability through credit alerts which is likely to place care provision at risk; and/or
  - Consistent feedback from reviews that citizen's outcomes are not being met.



## PUBLICATION OF THE QUALITY RATING

The Council will publish online each provider's overall quality rating, alongside their CQC inspection rating, any NHS quality rating and customer feedback data. This will enable citizens to make informed choices about the care providers they choose to meet their needs and how they compare with other providers in the care market. This will also allow the Council to share market intelligence more readily on a regional and national basis where appropriate.

## THE SUPPORT OFFER

The Council is committed to ensuring that the care market is supported to make the necessary changes described in this strategy. A wide range of providers operate within Birmingham, from national organisations to some of our smaller and more specialist providers. It is therefore important that, regardless of the wider assets and resources a care provider has, they have equal access to the Council and partners support in making changes and improvements in quality. All Framework providers will therefore be entitled to a package of support from Birmingham City Council and its partners, to incentivise improved quality which will include:

- A **dedicated commissioning team** will be aligned to the geographic areas contained in the Geographic Home Support Model below. This will allow commissioners to work locally to support the further shaping of all sectors of the market, development of and linking to community assets and to have a real understanding of the availability and quality of care in their area. They will provide advice and guidance in relation to the Framework ; be proactive in picking up potential quality issues early on in order to reduce more intensive

interventions in future; signpost providers to targeted and specialist training; and to continually improve quality.

- A quarterly contract review meeting with commissioners for those providers with the largest market share. This will be used to discuss market intelligence, quality, improvements, innovation and address questions and concerns either party may have about the contract and how it is operating.
- Be provided with **marketing materials**/logos that can be used to promote the service and the Birmingham City Council quality rating. Providers will be required to make all service users aware, whether funded by Birmingham City Council or not, of their quality rating.
- A **training and support programme** aimed at driving up quality, including a career pathway and a Birmingham Care Manager accredited course will be developed to ensure the care sector is an attractive employment choice for people.
- The Council is keen to **explore new ways of working with providers** and to ensure that the market remains sustainable in the future. To support a review of different ways of working that may be used to commission services in the Self-Regulation Phase, the Council will work with groups of interested providers to consider alternatives such as lead provider or consortia models.
- The Council will look to develop models through its Social Value Policy and the Birmingham Business Charter for Social Responsibility to **connect organisations that can support and benefit one another** to improve areas of their business and quality.
- The Council will be seeking to **develop a number of 'care associations'** to act as Independent Quality Assessors (IQAs) and to develop the self-regulation model described above. These IQAs will initially undertake inspections of Gold rated providers, as well as start to work with the Council and the market to develop training, shared resources and to represent the care market in discussions with commissioners.

## HOW WILL THE COUNCIL WORK WITH GOLD QUALITY PROVIDERS?

The Council seeks to recognise Gold rated providers by:

- Paying a 2% quality premium rate on all new care packages won.
- Reducing the frequency of Assurance Statement submissions from 6-monthly to annually.
- Reduced direct inspection by the Council and delegation of inspections of Gold providers to the Independent Quality Assessor.
- Public acknowledgement through a recognition event and use in marketing materials.
- Involvement in the development of future peer / self-regulation process.

Gold rated providers will also be afforded greater freedoms and flexibilities and asked to deliver the following over time:

- Support reviews of care packages with citizens and agree ways that care packages can enable citizens to improve independence. This may include signposting and working in partnership with local based public/voluntary organisations. Evidence of this will be considered as part of the annual inspection and will form part of the requirements to meet the 'Gold' standard.
- Providers will be encouraged to support the implementation of Individual Service Funds (ISF) with small groups of citizens where appropriate. An ISF is a flexible funding mechanism designed to provide personalised support to people with complex needs. An Individual Service Fund (ISF) is a restricted fund; money is held by the service provider and used to develop an outcomes-focused support solution to meet the citizen's assessed eligible care and support needs. The Council will look to pilot this approach in advance of the new contract, but will only do so once a provider has been assessed under the proposed quality rating system as 'Gold'.
- Providers will be encouraged to support the implementation of assistive technology with the aim of increasing independence and reducing the cost of care to the Council. The Council will look to pilot this approach in advance of the new contract, but will only do so once a provider has been assessed under the proposed quality rating system as 'Gold'.

#### **HOW WILL THE COUNCIL WORK WITH SILVER QUALITY PROVIDERS?**

The Council will continue to monitor the quality of its benchmark standard providers to ensure that quality is maintained.

#### **HOW WILL THE COUNCIL WORK WITH BRONZE QUALITY PROVIDERS?**

In the future it is the Council's intention only to do business with good quality providers (those rated Gold and Silver). The Council will put in place the following with Bronze standard providers to support this intention:

- Not awarding care packages where there is a better quality rated alternative.
- Providers submitting an Improvement Plan.
- If required improvement is not validated within the specified timescale, the Bronze price will be applied to all new care packages and the Council will commence dialogue with citizens and families about changing care providers for those affected.

#### **HOW THE COUNCIL WORK WITH INADEQUATE QUALITY PROVIDERS**

The Council does not intend to contract with inadequate rated providers.

Where the provider has been rated inadequate by CQC they will be suspended from bidding for new care packages by the Council until the provider has satisfied the CQC it has put in place the required improvements and the Inadequate rating has been lifted.

Where the Council/NHS has rated a provider Inadequate through its inspection, the Council will put in place the following:

- Immediate suspension from bidding for new care packages.
- Providers will be required to submit an Improvement Plan.
- After submission of the Improvement Plan the provider will be required to attend contract review meetings with Commissioners to review progress/evidence delivery against the Improvement Plan.
- If the Improvement Plan has been completed satisfactorily then the provider is awarded a Bronze overall rating and the suspension is lifted and the Bronze process above will be followed.
- If the Improvement Plan has not been completed satisfactorily within the prescribed timescale, then a multi-agency review meeting will review the care provision, safety of service users and set out the decommissioning plan.

## PRICING

It is proposed that the Council will operate a **fixed fee** approach, providing greater transparency of pricing and allowing all parties to plan more effectively. There will be separate fixed fees for each different category of care which are derived from a baseline understanding of the costs of providing adult social care in Birmingham.

The Council has undertaken a range of comparison and benchmarking activities to develop the proposed fees and to further understand the relative costs of care in Birmingham, including use of the following:

- KPMG's Open Book 3 analysis of the costs of care in Birmingham
- Detailed analysis of current pricing data
- Regional market intelligence and costs of care for neighbouring areas
- The analysis provided by the provider Task and Finish Group which provided its analysis in September 2016

The following general pricing assumptions have been adopted:

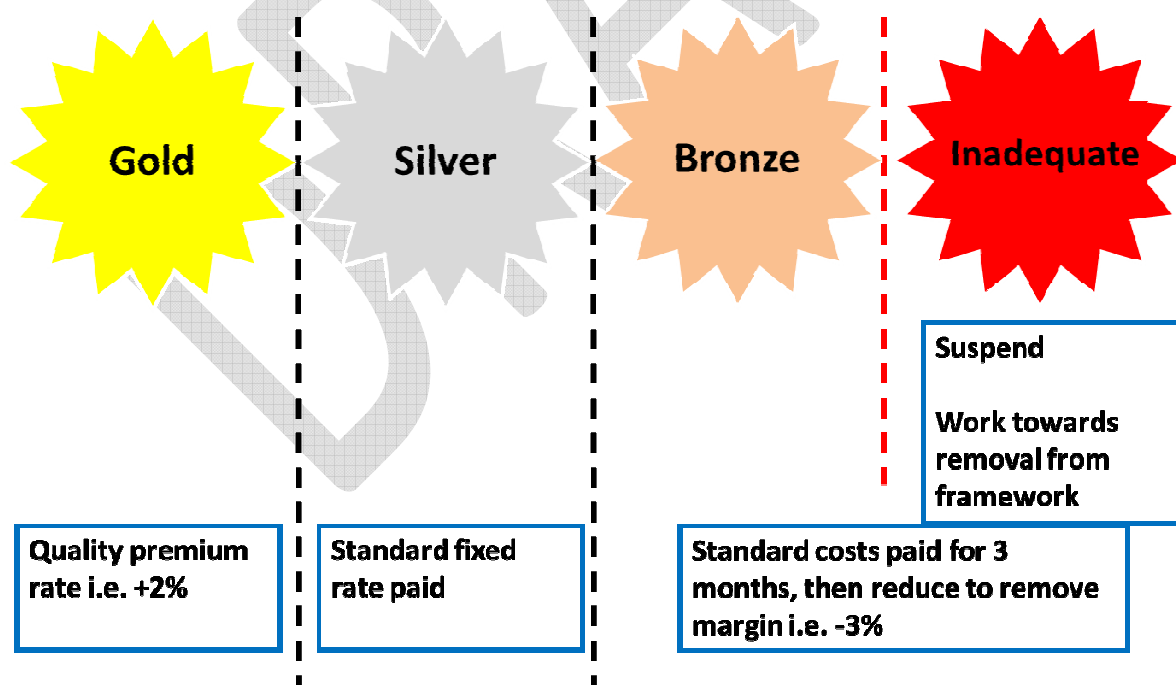
- Given the Council has proposed to delay implementation of the Birmingham Care Wage for 2017/18, the proposed rates will enable providers to pay their care workforce an hourly rate of £7.50, which is in line with the National Living Wage from 1 April 2017 and aligned to the Council's current Birmingham Care Wage.
- The Council's analysis has identified huge variances in the fixed costs associated with delivering care (the "hotel costs"). Based on the analysis of all current data sources, there is no strong evidence base for these significant variances and as such, the Council is seeking to set a fixed hotel cost across all bed-based categories of care.
- To reflect the complex range of support provided for those citizens with a learning disability or mental health condition, a banded price model is proposed. This is based on the fixed



hotel cost, with a range of care costs added to reflect the complexity of each package of care.

- In addition to quality incentives and wide range of support, the Council will make a commitment to review fees annually. This review will reflect a number of inflationary and pricing pressures placed on providers. The methodology for this is detailed in the Price Review Methodology section below.
- Providers will meet the CQC requirement that ‘providers must provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times and... other regulatory requirements.’
- Third Party Contributions (also known as top ups) will only be required when the person needing care or their family have specifically requested more expensive accommodation or are receiving a genuine upgrade in the services they are receiving.
- The Council will invest in IT systems that ensure prompt payment and secure cashflows, to reduce providers’ financing/borrowing costs.
- Providers will take all opportunities available to reduce overheads and transaction costs and increase occupancy levels.
- All nursing related costs must be met through the Funded Nursing Care (FNC) or Continuing Health Care (CHC) contributions.

These fixed fees will be complemented by incentives and disincentives based on the quality rating of the provider as follows:



In recognition of Gold rated providers that are exceeding the contractual and regulatory requirements and show leadership an innovation over a sustained period of time, the Council will pay a 2% quality premium for new packages.

For those providers that are rated as Silver, they will be paid the standard fixed fee for the relevant category of care being delivered.

Providers that meet the Bronze quality standard will be paid a reduced fee if they fail to make the required improvements within the specific timescale. This is to incentivise improvements in quality and to recognise that the necessary standards are not being met and therefore cannot be paid by the Council. The 3% fee reduction is to ensure that the costs of care can continue to be met, but that the provider cannot continue to make a profit from the delivery of poor quality services.

## PRICE REVIEW METHODOLOGY

The Council recognises underlying price pressures within the care sector, particularly those in relation to employee costs, which make up the largest proportion of the cost of delivering care. The Council is committed to ensuring the care sector remains sustainable, not only as it delivers care to some of our most vulnerable citizens, but also as a major employer across the region. We will therefore review prices of care packages placed under the new contract on an annual basis using the following methodology:

**Change in Hotel Costs = %age year on year change in CPIH (Consumer Price Index including owner occupiers housing costs)**

The Consumer Price Index with housing costs will be the Government's headline measure of inflation and not only covers a range of household expenses but also overall housing costs including Council Tax. The Council believes this to be a fair and objective measure of price pressures on housing and household related costs that would be included within a providers 'hotel' costs where appropriate.

**Change in Care Costs = %age year on year change in NLW (National Living Wage) or the Birmingham Care Wage, whichever is the greatest**

The Council will ensure that its fee structure continues to keep pace with the National Living Wage and the 'care' costs within the fee structure will be amended in line with the year on year percentage change in the National Living Wage each year.

The Council will use the annual change in inflation rate figures each year to calculate both the Change in Hotel Costs and Change in Care Costs, with any price increases applicable from 1 April the following year.

## CARE PACKAGE ALLOCATION PROCESS

Providers will be asked to submit offers for packages of care via an online electronic system. For home support providers, the principles will also operate, but within each geographical area. The following principles will therefore apply:

- Each provider submitting an offer will be required to confirm that they can meet the needs of the citizen based on the individual support plan. This will have been provided as part of the requirement to the market and anonymised as appropriate. This will no longer require a detailed response against each outcome in the support plan.

- The provider's quality rating will be used when evaluating individual offers for care packages.
- In a mini competition process where multiple providers bid for a care package, the provider with the highest quality rating will win the tender. However citizen choice may be exercised in this regard and will be considered in line with statutory requirements.
- In a micro-tender process where there is no clear difference between the quality ratings of the providers who make an offer for the package, citizen choice will come into effect and the service user will select the successful provider. Where it is not possible for the citizen to choose or they decline to do so, the Council will identify the earliest of the successful offers received with the highest quality rating.

## GEOGRAPHIC HOME SUPPORT MODEL

The Council proposes to establish a closed framework for home support with a reduced number of providers across five geographical areas. It is intended this will:

- assure supply across Birmingham
- support sustainability in the market and to help providers plan their services
- enhance quality and focus on outcomes
- reduce instances of missed or late calls
- ensure value for money and reduce travel time and costs for providers
- ensure linkages to other local services can be maximised
- develop monitoring arrangements which are manageable and consistent
- allow the market to adapt to new delivery models such as a more enablement focussed service.
- allow the market to adapt to new funding models such as Direct Payments and Individual Service Funds.
- align to the Council's proposed new Wards from 2018.

A key part of the methodology is to provide a fair distribution of care hours in each area taking into account the number of citizens requiring services and, the forecast for future requirements. The geographically-based model will take into account the road route, accessibility and natural barriers so that each area is cohesive and carers can reasonably travel between calls.

Despite the proposed reduction in the number of providers, the proposal seeks to support the principles of the Birmingham Business Charter for Social Responsibility by ensuring that a geographically-based model will provide local employment opportunities; supports locally based businesses; and supports a greater understanding and linkages with community based services.

Whilst the Framework will enable Birmingham City Council to directly commission with providers, citizens will be able to choose other providers of care if they wish, through the encouragement of taking their Personal Budget as a Direct Payment.

The proposal classifies home support providers (based on the current market supply across the proposed geographical model) into one of the three following sizes based on their current weekly hours directly funded by the Council as indicated in Table 1 below:

**Table 2: Provide Size Classification**

<b>Supplier Size</b>	<b>Number of Weekly Hours</b>
Large	Over 2,000
Medium	Between 1,000 and 2,000
Small	Under 1,000

In line with local policy, the Council is keen to continue to contract with a range of high quality providers, and has developed a model that will continue to support small, local businesses. Based on the above definition of the size of providers Table 2 below indicates the proposed number of large, medium and small providers.

Any provider that is new to Birmingham and meets the required entry criteria for 2018 – 2021 will be classified as 'small'.

**Table 2. Allocation of Providers**

	No of large providers	No of medium providers	No of small providers	Total
Area 1 (North)	3	7	14	24
Area 2 (West)	3	5	12	20
Area 3 (East)	3	5	12	20
Area 4 (South Central)	3	4	8	15
Area 5 (South West)	3	5	10	18
Min providers	6	16	56	78
Max providers	15	26	56	97

The last two lines on the table show the theoretical minimum (78) and maximum (97) number of providers who could be awarded a 'lot' under the proposed model. This includes the requirement that large providers able to apply for up to three areas, medium providers up to two and small providers one area.

This would consist of up to six large providers, 16 medium providers and 56 small providers for general home support services (up to 78 providers in total). Citywide specialist services, will be in addition to the general home support providers. In addition to this, a provider in each of the five geographic areas will be selected during the contract tender and award process that can support the quick discharge of citizens from hospital that require home support.

The Council believes that this approach will ensure that there are sufficient care hours in each geographical area to support and encourage growth with acceptable competition that will not result in destabilising the home support market. This will also ensure that there is a sufficient mix of size and number of providers (based on the proposed mix of providers above) to meet current and future demand.

The proposed model comprises five areas with an average of 18,000 hours in each area as shown on the map in **Appendix One**:

- North Area (Area 1). This is essentially everything north of the M6 motorway. This acts as a barrier in that it limits accessibility from one side to the other, so this is being used as the

boundary. Area 1 is the largest in both area and weekly care hours, so has been allocated the largest number of providers. There are currently 24,700 weekly care hours in this area.

- West Area (Area 2). This is in the west of the city. Although it covers a fairly large area, the number of care hours is comparable with the other geographical areas. There isn't much in the way of direct connection between the north of this area (Perry Barr and Handsworth) and the south (Quinton and Edgbaston), the area also covers the city centre (Nechells etc.), which offers connectivity between all areas. There are currently **18,500** weekly care hours in this area.
- East Area (Area 3). This is in the east of the city, comprising everything from Alum Rock across to Shard End and down to Acocks Green. There are currently **18,000** weekly care hours in this area.
- South Central Area (Area 4). This is the south central area. It runs from Bordesley and Highgate, straight south through Moseley and Sparkhill down to Druids Heath and Hall Green. There are currently **15,600** weekly care hours in this area.
- South West Area (Area 5). This is in the south west, comprising Bartley Green across to Bournebrook, down to Kings Norton and across to Rubery. There is a natural boundary between Bartley Green at the top of this area and the wards above it, caused by Woodgate Valley (with no roads across it), and the road network and connectivity within the area is fairly straightforward. There are currently **17,000** weekly care hours in this area.

The map in **Appendix 1** illustrates the connectivity that will ensure that citizens actually have the care they require and which will in turn promote independence and support individuals to engage positively in their community. Suppliers will be able to join up streets and roads to deliver support locally and respond to local community requirements. There is also the opportunity for added social value from the supplier within the local communities. The proposed model will help to ensure that the City's most vulnerable people actually receive the quality of care they require and the Council has commissioned, as opposed to potentially short and rushed calls.

The proposal will allow those providers currently providing to the local authority who may not do so under the new arrangements to review their business and contingency plans. This may include developing their provision to support the private market and increase the number of their citizens using a direct payment. This should mitigate the immediate impact on the care market in Birmingham and result in a managed reduction of care providers.

Citywide specialist requirements will be open to all providers who can apply for defined categories of specialist care. The award will be based on the provider's CQC rating and also their evidence to be able to meet the specialist need.

Should a provider under the new model have to hand back large volumes of packages to the Council, either because the provider is exiting the market, deregistration by CQC etc, the Council will make those packages available to other providers within the geographic area and the usual allocation rules will apply relating to quality. Should these providers have insufficient capacity to meet these needs, all such packages of care will be offered to the surrounding geographic areas until such time as all packages have been allocated.

## SYSTEMS AND PROCESSES

The Council has undertaken a great deal of consultation already with a range of professionals who currently use the Council's commissioning systems, including providers, commissioners and social workers. This feedback, along with further consultation results, will be used to develop a range of system solutions that are efficient; automated wherever possible; and integrated to deliver the following key functionality:

- **Provider enrolment** – an electronic process for those joining the framework to record and capture compliance with the entry criteria and ensure details remain up to date.
- **Quality rating** – an electronic method for calculating and recording provider quality ratings, using these in the tendering process and publishing these scores.
- **Tendering** – a simple system for providing care requirements to the market and for managing the tender, evaluation and contracting processes and linking these to citizens in the Council client records management system.
- **Supplier relationship management** – a single electronic record of each provider that can hold records of all provider/commissioners interactions including monitoring visits, improvement plans, offers and any correspondence.
- **Data and reporting** – reporting capability that allows the Council to manage providers at both a market and individual level and can provide appropriate public quality information.
- **Payments** – electronic tools to record payments accurately, to reduce the number of payment queries and to ensure providers get paid promptly and accurately for their services.

## OTHER PRINCIPLES

### SERIOUS INCIDENTS AND SAFEGUARDING

The Care Act 2014 Statutory Guidance makes clear that adults safeguarding responses should not be a substitute for:

- Care providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services; and
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care.

Adults safeguarding is therefore not intended to replace either existing governance structures or the effective management/oversight of commissioned services. The Council will continue to work with

NHS and other commissioners across Birmingham, to develop a new approach to the reporting of serious incidents and safeguarding alerts that:

- gives better oversight of quality concerns to commissioners.
- offers providers the ability to own, investigate and learn from quality issues and serious incidents.
- ensures providers receive appropriate support and training in investigating and reporting concerns and incidents
- mandates that all quality issues, serious incidents and safeguarding incidents will be reportable
- ensures sustainable improvements in quality and information sharing.

### **ELECTRONIC CALL MONITORING**

To ensure that future invoicing, variation and payments processes are as efficient and prompt as possible, the Council will require all providers of home support to implement an electronic call monitoring system by 1 April 2019. The Council will not specify an individual system for use but will set a range of minimum system requirements to ensure data can be shared with the Council's commissioning and payment systems.

### **OPEN BOOK ACCOUNTING**

Given the significant sums of public money spent on adult social care across Birmingham and the critical nature of these public services, the Council is keen to increase the transparency of payments, performance and rate of return made by providers .

Transparency of operational and financial performance will be a fundamental condition of doing business with the Council. The Council will develop a set of reporting standards and tools that are proportionate and recognise the size of some of the organisations that deliver adult social care across the city. This will be at least an annual data collection exercise.

### **OUT OF CITY PLACEMENTS**

All new placements from 1 April 2018 that are outside of the Birmingham City Council boundary, will have regard to the cost of care in that area. Birmingham City Council will therefore match the host Local Authority rate for care.

The quality rating of providers based outside of Birmingham will be based principally on the latest CQC inspection rating and any other intelligence and feedback available from local commissioners.



## **DIRECT PAYMENTS AND HOME SUPPORT**

The Council will review the rate for use of a home support agency in line with the price review methodology above. This will ensure that those citizens with assessed eligible care and support needs that use a care agency to meet their needs using a Direct Payment can continue to do so.

## **JOINT FUNDED PLACEMENTS**

The Council currently commissions a number of placements for citizens with a Learning Disability that have both health and social care support needs. These placements, although commissioned by Birmingham City Council, may be jointly funded by the Council and the relevant Clinical Commissioning Group. Any such placements will be made under this Framework.

The Council also commissions a number of Continuing Health Care placements for citizens with a Learning Disability, on behalf of the Clinical Commissioning Groups. Any such placements will be made under the Continuing Health Care Specification and pricing structure.

## **TWO-CARER CALLS**

As part of the Council's commitment to commission better social care services, we will be considering the use of equipment to meet care needs by arranging for only one carer to visit, rather than two. The advantages of this approach are that fewer people will have to visit each citizen and there may be more flexibility in when visits can be arranged. It should also save money and enable professional carers to support more service users.

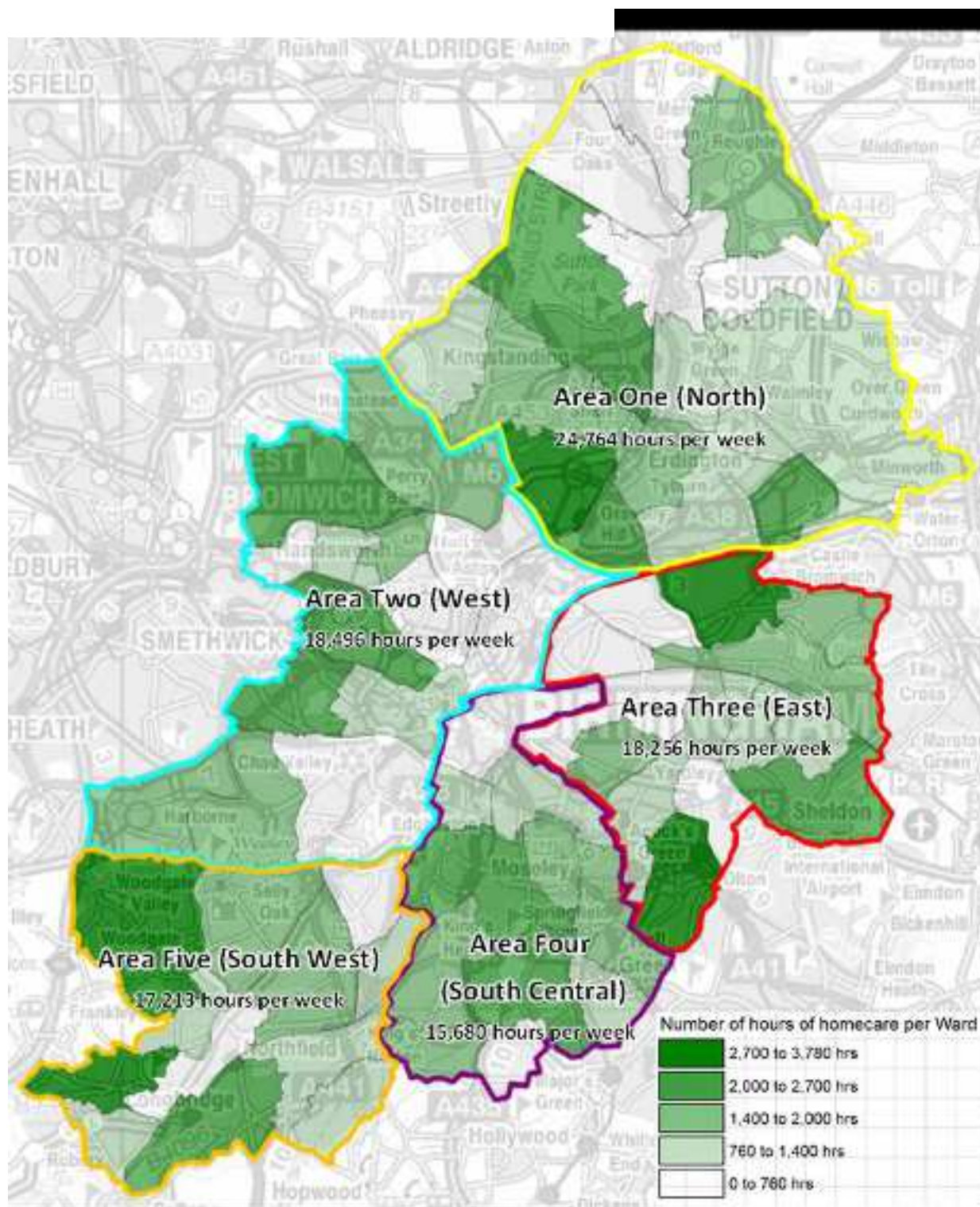
To assess whether individual's will benefit from the new equipment, a qualified Health and Care Professions Council (HCPC) registered Occupational Therapist from Birmingham City Council will visit all citizens to conduct a risk assessment where a two-carer call has been identified during an assessment.

If following the risk assessment, the Occupational Therapist thinks that other changes are required to a care package then they will recommend that a re-assessment is undertaken.

## **6. PERFORMANCE FRAMEWORK**

A performance framework will be developed to monitor delivery of the proposed approach against the aims set out in section 2 above.

## Appendix 1 – Map of Geographic home support model



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